

Resilient Retreat, Inc.



RESILIENTRETREAT

Results of Pilot Study Assessing
Compassion Satisfaction and
Fatigue with First Responders

2019

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Acknowledgements

Resilient Retreat, Inc. thanks the many respondents who participated in this survey. This project is the result of the support and participation of employees at Safe Place and Rape Crisis Center (SPARCC), Centerstone Sexual Assault and Trauma Services, Sarasota Sherriff's Office (SSO), Longboat Key Fire Department (LBKFD), North Port Fire Department (NPFDF), and Emergency Operations Bureau (EOB) located in Sarasota and Manatee counties, Florida. We hope our efforts can contribute to healing secondary trauma for first responders.

Introduction

Resilient Retreat, Inc. is a new and innovative approach to help those impacted by trauma and abuse. A vast array of inter-disciplinary evidence-based programs will be offered in a comforting three-to-five day retreat. Free programming will be offered to those who have suffered from trauma and first responders who witness trauma everyday in the workplace (e.g., advocates, fire fighters). Resilient Retreat, Inc.'s operation and programming is based out of Sarasota, Florida.

To understand how much first responders in our community experience compassion satisfaction (i.e., the positive emotions experienced from helping others at work) and compassion fatigue (i.e., the negative emotions individuals feel from helping others at work), first responders from crisis centers, fire departments, and police departments were invited to participate in an online survey. Compassion fatigue is broken into two parts: (1) Burnout (i.e., slow onset of feelings of hopelessness, that one's work has little positive impact, and difficulties in dealing with work) and (2) Secondary traumatic stress (i.e., rapid onset of symptoms that mirror posttraumatic stress disorder, such as nightmares, difficulty sleeping, and flashes of intrusive images and/or thoughts, due to secondary exposure to extremely or traumatically stressful events). This survey also asked first responders to provide demographic information and to identify specific services related to the mind, body, and spirit that would be helpful to them in dealing with work-related stress.

The survey was administered as a confidential online survey through Google Forms. A link to the survey was disseminated to supporting agencies. Employees from the following agencies responded: Safe Place and Rape Crisis Center (SPARCC), Centerstone Sexual Assault and Trauma Services, Sarasota Sheriff's Office (SSO), Longboat Key Fire Department (LBKFD), North Port Fire Department (NPF), and Emergency Operations Bureau (EOB) located in Sarasota and Manatee counties. Additional agencies may have responded; however, some survey responses lacked an agency name, and therefore, they are not reflected in the agencies listed above.

The results of this survey will inform (1) the extent to which first responders experience compassion satisfaction and compassion fatigue, and (2) the specific services related to the mind, body, and spirit that first responders believe would be helpful to them in dealing with work-related stress. Findings will be used to guide the efforts of Resilient Retreat, Inc. to address the impact of compassion fatigue and promote compassion satisfaction in first responders in our area.

Survey Data Report

1. Response Rate

First responders in Sarasota and Manatee counties participated in a survey on compassion satisfaction, compassion fatigue (i.e., burnout and secondary traumatic stress), and specific services related to the mind, body, and spirit to help them deal with work-related stress.

82 first responders participated in the survey. Respondents could choose the questions they wished to answer and could exit the survey at any point. Accordingly, the number of responses presented in the following tables vary by question because a few participants chose to skip some of the questions. However, most respondents completed the entire survey.

In Table 1, we present the response rate broken down by type of position (e.g., advocate, fire fighter). Fire fighters/EMS had the highest response rate (48.8%), followed by dispatchers/operators (37.5%), advocates (11.3%), police (1.3%), and counselors (1.3%).

Table 1: Response Rate (N=80)		
	N	%
Position		
Police	1	1.3%
Fire fighter/EMS	39	48.8%
Advocate	9	11.3%
Counselor	1	1.3%
Dispatcher/Operator	30	37.5%
Other	-	-

2. Participant Demographic Information

In Table 2, we present demographic characteristics of participants. Survey respondents were most likely to identify as male (55.6%). The average age of participants was 39 years old and most identified as White (93.8%).

Table 2: Participant Demographics (N=81)		
	N	%
Gender Identity		
Female	36	44.4%
Male	45	55.6%
Age Range		
18-24	11	13.6%
25-30	13	16.0%
31-35	11	13.6%
36-40	11	13.6%
41-45	5	6.2%
46-50	11	13.6%
51+	19	23.5%
Race		
White	76	93.8%
Black or African American	2	2.5%
Asian	2	2.5%
American Indian or Alaska Native	1	1.2%

3. Reports of Compassion Satisfaction

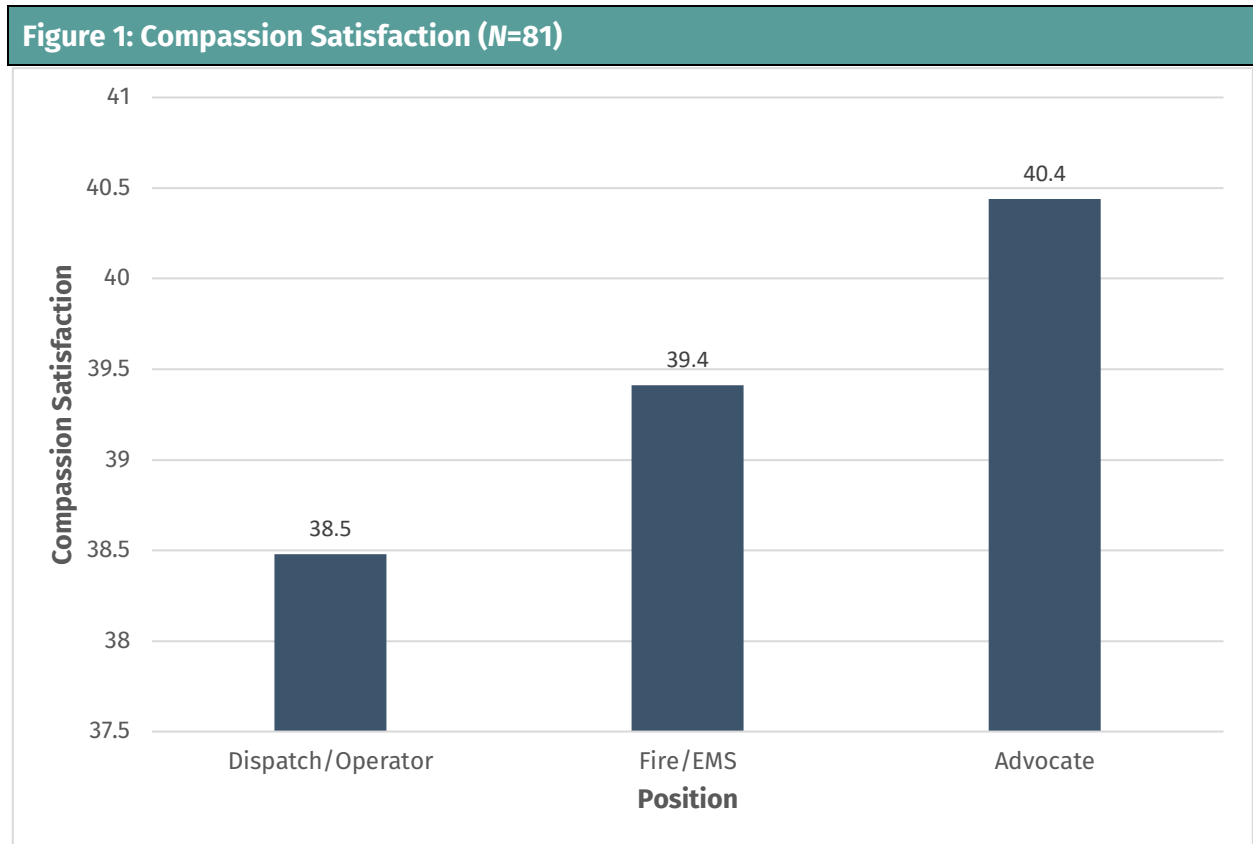
Participants answered questions about their compassion satisfaction on a scale of 1 to 5 (1=never, 5=very often). Higher scores on this scale represent a greater satisfaction related to participants' ability to be an effective helper in their job.

In Table 3, we present the responses for each item of the compassion satisfaction measure. The majority of participants reported that they "often" experience most of the compassion satisfaction items. An overall average score was calculated for compassion satisfaction ($M=38.9$). Average scores for compassion satisfaction are considered low if 22 or less, moderate if between 23 and 41, and high if 42 and above. Thus, the average score suggests first responders who participated in the survey rank as moderate on compassion satisfaction.

Table 3: Compassion Satisfaction (N=82)					
	Never N (%)	Rarely N (%)	Sometimes N (%)	Often N (%)	Very Often N (%)
I get satisfaction from being able to help people	-	-	12 (14.6%)	42 (51.2%)	28 (34.1%)
I feel invigorated after working with those I help	2 (2.4%)	9 (11.0%)	25 (30.5%)	40 (48.8%)	6 (7.3%)
I like my work as a helper	-	1 (1.2%)	10 (12.3%)	47 (58.0%)	23 (28.4%)
I am pleased with how I am able to keep up with helping techniques and protocols	-	5 (6.1%)	18 (22.0%)	38 (46.3%)	21 (25.6%)
My work makes me feel satisfied	1 (1.2%)	4 (4.9%)	23 (28.0%)	40 (48.8%)	14 (17.1%)
I have happy thoughts and feelings about those I help and how I could help them	-	2 (2.4%)	34 (41.5%)	33 (40.2%)	13 (15.9%)
I believe I can make a difference through my work	-	2 (2.4%)	29 (35.4%)	30 (36.6%)	21 (25.6%)
I am proud of what I can do to help	-	1 (1.2%)	12 (14.6%)	41 (50.0%)	28 (34.1%)
I have thoughts that I am a "success" as a helper	2 (2.4%)	5 (6.1%)	26 (31.7%)	40 (48.8%)	9 (11.0%)
I am happy that I chose to do this work	1 (1.2%)	-	13 (15.9%)	33 (40.2%)	35 (42.7%)

3A. Comparison of Position for Compassion Satisfaction

An average score was created for compassion satisfaction for each type of position (e.g., advocate, fire fighter). In Figure 1, we present the average score for compassion satisfaction for each position. Advocates reported the highest levels of compassion satisfaction ($M=40.4$), while dispatch/operators reported the lowest ($M=38.5$). All positions ranked as moderate on compassion satisfaction (i.e., scores between 23 and 41). Due to the small sample size and sensitive nature of the data, specific breakdowns are not presented for counselors and police, which each only had 1 response.



4. Reports on Compassion Fatigue

Participants answered questions about their compassion fatigue on a scale of 1 to 5 (1=never, 5=very often). Compassion fatigue consists of 2 elements: Burnout and secondary traumatic stress. Higher scores on this scale mean that individuals are at higher risk for burnout or are reporting higher levels of traumatic stress symptoms.

In Table 4, we present the responses for each item of the compassion fatigue measures. The majority of participants reported that they “sometimes” or “often” experience most of the burnout items and “sometimes” or “rarely” experience the secondary traumatic stress items. Overall average scores were also calculated for burnout ($M = 23.7$) and secondary traumatic stress ($M = 24.0$). Average scores for burnout and secondary traumatic stress are considered low if 22 or less, moderate if between 23 and 41, and high if 42 and above. Thus, the average scores suggest first responders that responded to the survey ranked as moderate on burnout and moderate on secondary traumatic stress.

Table 4: Compassion Fatigue (N=82)					
	Never N (%)	Rarely N (%)	Sometimes N (%)	Often N (%)	Very Often N (%)
Burnout					
I am happy*	-	2 (2.4%)	17 (20.7%)	49 (59.8%)	14 (17.1%)
I feel connected to others*	2 (2.4%)	6 (7.3%)	23 (28.0%)	40 (48.8%)	11 (13.4%)
I am not as productive at work because I am losing sleep over traumatic experiences of a person I helped	23 (28.0%)	40 (48.8%)	13 (15.9%)	4 (4.9%)	2 (2.4%)
I feel trapped by my job as a helper	37 (45.7%)	21 (25.9)	15 (18.5%)	6 (7.4%)	2 (2.5%)
I have beliefs that sustain me*	5 (6.1%)	8 (9.8%)	19 (23.2%)	36 (43.9%)	14 (17.1%)
I am the person I always wanted to be*	2 (2.4%)	13 (15.9%)	23 (28.0%)	36 (43.9%)	8 (9.8%)
I feel worn out because of my work as a helper	4 (4.9%)	22 (26.8%)	32 (39.0%)	18 (22.0%)	6 (7.3%)
I feel overwhelmed because my work load seems endless	9 (11.0%)	28 (34.1%)	27 (32.9%)	12 (14.6%)	6 (7.3%)

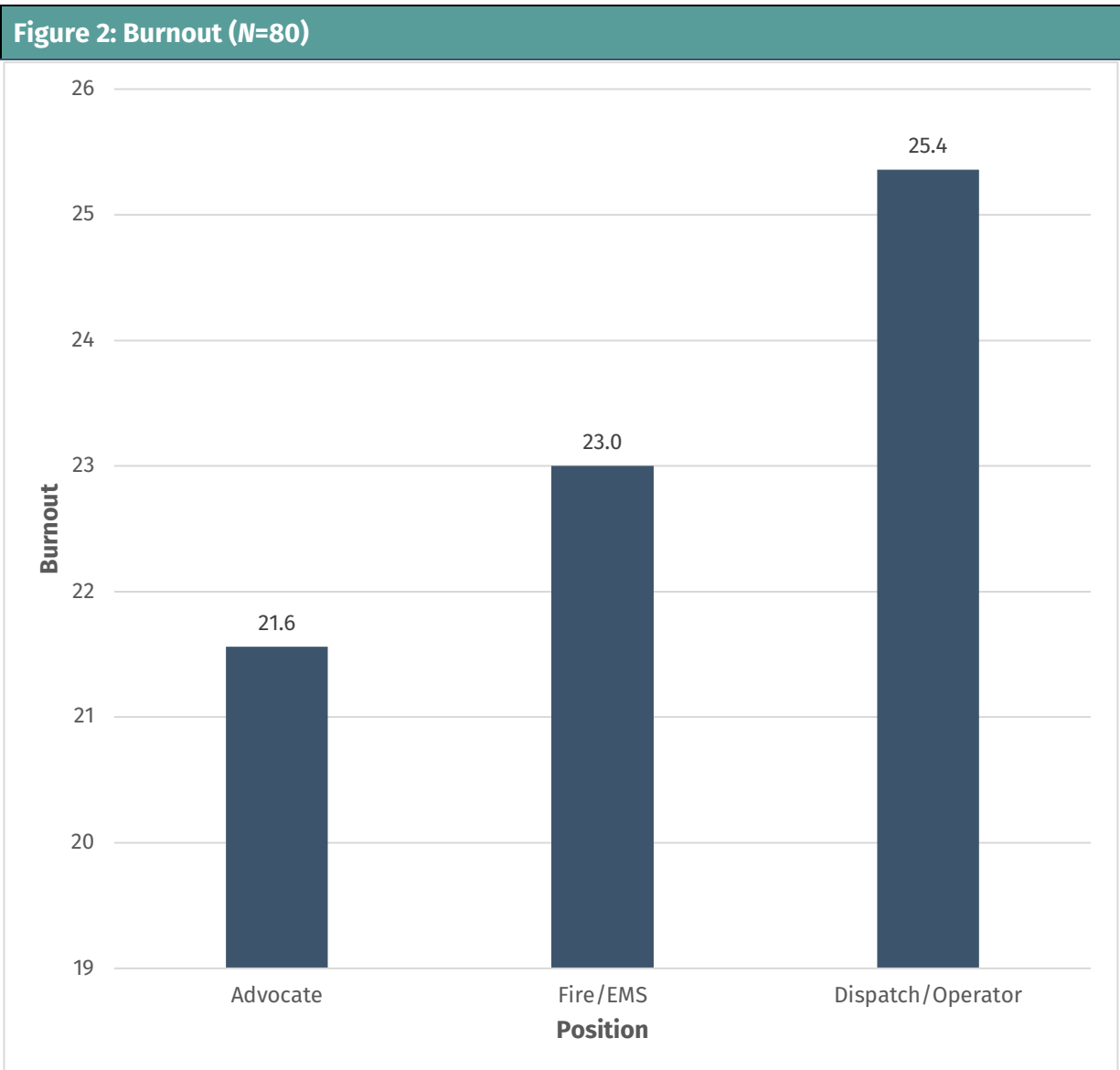


Table 4: Compassion Fatigue (N=82) (Continued)					
	Never N (%)	Rarely N (%)	Sometimes N (%)	Often N (%)	Very Often N (%)
Burnout (Continued)					
I feel "bogged down" by the system	14 (17.1%)	23 (28.0%)	33 (40.2%)	7 (8.5%)	5 (6.1%)
I am a very caring person*	-	1 (1.2%)	17 (21.0%)	27 (33.3%)	36 (44.4%)
Secondary Traumatic Stress					
I am preoccupied with more than one person I help	4 (4.9%)	25 (30.5%)	32 (39.0%)	15 (18.3%)	6 (7.3%)
I jump or am startled by unexpected sounds	6 (7.3%)	24 (29.3%)	33 (40.2%)	12 (14.6%)	7 (8.5%)
I find it difficult to separate my personal life from my life as a helper	15 (18.3%)	28 (34.1%)	21 (25.6%)	11 (13.4%)	7 (8.5%)
I think that I might have been affected by the traumatic stress of those I help	14 (17.1%)	26 (31.7%)	26 (31.7%)	9 (11.0%)	7 (8.5%)
Because of my helping, I have felt "on edge" about various things	16 (19.8%)	25 (30.9%)	20 (24.7%)	14 (17.3%)	6 (7.4%)
I feel depressed because of the traumatic experiences of the people that I help	27 (32.9%)	30 (36.6%)	24 (29.3%)	-	1 (1.2%)
I feel as though I am experiencing the trauma of someone I have helped	30 (36.6%)	34 (41.5%)	16 (19.5%)	1 (1.2%)	1 (1.2%)
I avoid certain activities or situations because they remind me of frightening experiences of the people I help	32 (39.0%)	28 (34.1%)	15 (18.3%)	4 (4.9%)	3 (3.7%)
As a result of my helping, I have intrusive, frightening thoughts	33 (40.2%)	28 (34.1%)	15 (18.3%)	5 (6.1%)	1 (1.2%)
I can't recall important parts of my work with trauma victims	18 (22.2%)	30 (37.0%)	24 (29.6%)	7 (8.6%)	2 (2.5%)

*Items are reverse scored, where a score of a 1 = a score of a 5. Scientifically, the measure works better when these questions are asked in a positive way though they can tell us more about their negative form.

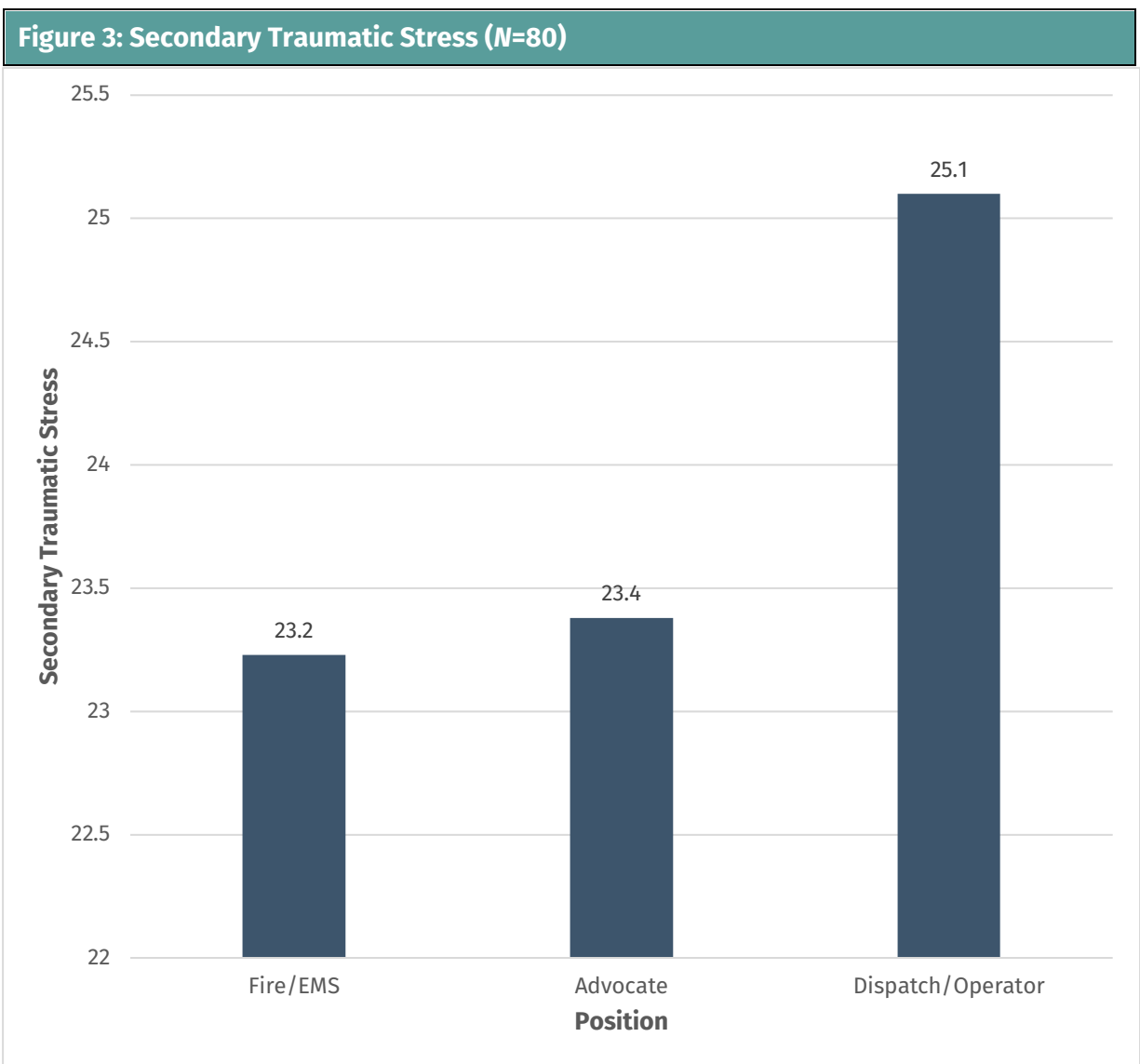
4A. Comparison of Position for Burnout

An average score was created for burnout for each type of position (e.g., advocate, fire fighter). In Figure 2, we present the average score for burnout for each position. Dispatch/Operator reported the highest levels of burnout ($M=25.4$), while advocates reported the lowest ($M=21.6$). Advocates ranked as low on burnout (i.e., scores below 22) and Fire/EMS and Dispatch/Operator ranked as moderate on burnout (i.e., scores between 23 and 41). Due to the small sample size and sensitive nature of the data, specific breakdowns are not presented for counselors and police.



4B. Comparison of Position for Secondary Traumatic Stress

An average score was created for secondary traumatic stress for each type of position (e.g., advocate, fire fighter). In Figure 3, we present the average score for secondary traumatic stress for each position. Dispatch/operators reported the highest levels of secondary traumatic stress ($M=25.1$), while Fire/EMS reported the lowest ($M=23.2$). All positions ranked as moderate on secondary traumatic stress (i.e., scores between 23 and 41). Due to the small sample size and sensitive nature of the data, specific breakdowns are not presented for counselors and police.



5. Reports on Services

Participants answered one question (i.e., *Would any of the following be helpful to you in dealing with stress related to your work?*) regarding specific services being helpful to them in dealing with work-related stress (0=no, 1=yes).

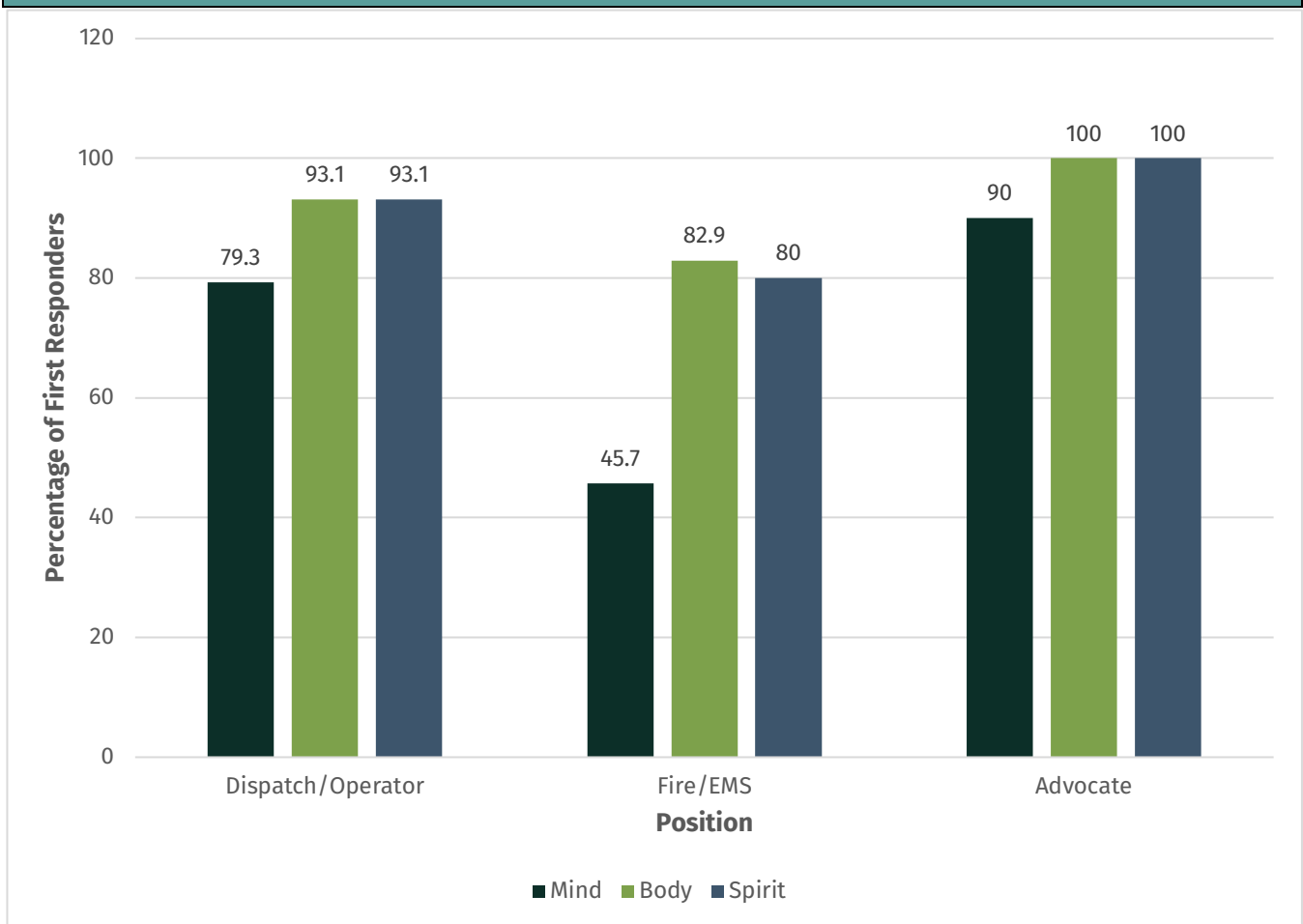
In Table 5, we present the responses for each item of the possible services, which is further broken down into mind, body, and spirit services. Overall, 66.2% were interested in services related to the mind, 89.6% in services related to the body, and 88.3% in services related to the spirit. Thus, the majority of first responders reported that body and spirit services would be most helpful to them in dealing with work-related stress.

Table 5: Services Related to the Mind, Body, and Spirit (N=77)	
	<i>Interested N (%)</i>
Mind	
Mindfulness exercises	32 (41.6%)
Therapy dog	26 (33.8%)
Therapy with horses	16 (20.8%)
Neurofeedback	14 (18.2%)
Support groups	12 (15.6%)
Body	
Massage	51 (66.2%)
Exercise classes	38 (49.4%)
Nutrition cooking	37 (48.1%)
Classes on good sleep practices	24 (31.2%)
Classes on the impact of stress on the body	16 (20.8%)
Spirit	
Music	43 (55.8%)
Experiences in nature	37 (48.1%)
Yoga	32 (41.6%)
Meditation	22 (28.6%)
Art	19 (24.7%)
Gardening	16 (20.8%)
Faith	15 (19.5%)

5A. Comparison of Position for Services

Percentages were calculated for each of the categories of services (i.e., mind, body, and spirit) for each type of position (e.g., advocate, fire fighter). In Figure 4, we present the percentage of people interested in each type of service category for each position. Overall, all positions reported that services related to the body would be most helpful and services related to the mind would be least helpful. Due to the small sample size and sensitive nature of the data, specific breakdowns are not presented for counselors and police.

Figure 4: Services for the Mind, Body, and Spirit (N=71)



Use of Findings and Next Steps

The report findings illustrate the importance of providing services to first responders who experience compassion fatigue (i.e., burnout and secondary traumatic stress). The results will inform Resilient Retreat, Inc. about:

1. The extent to which first responders experience compassion satisfaction and compassion fatigue.
2. The specific services related to the mind, body, and spirit that first responders believe would be helpful to them in dealing with work-related stress.
3. Future ways Resilient Retreat, Inc. may address the impact of compassion fatigue on first responders in our community.

The present study had several limitations. First, the present study only assessed compassion fatigue, burnout, and secondary traumatic stress from 82 first responders. Second, the data was particularly sparse from counselors and police officers. Future research should continue reaching out to first responders to better understand their unique challenges and needs.

We welcome any questions or comments regarding this report. Please contact Sidney Turner, Ph.D., (Sturner@resilientretreat.org) with your feedback.

References

Hudnall Stamm, B. (2009-2012). *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*. Retrieved from The Center for Victims of Torture: www.proqol.org.